

Approved For Release 2001/11/01 : CIA-RDP78-03568A000100230004-1

Administrative Staff

Medical Division

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Office of the Chief Surgeon

Authority contained and approval under Agency
Position No. 3331, CSC 3275

Medical Consultants and Contract Physicians

Authority contained under Project No. E-AS-45-50
entitled "Medical Consultants Program".

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Administrative Branch

Note: For the entire Medical Division there is but one Clerk Steno, as such, aided to a small degree by the occasional efforts of the Receptionist. This one employee is expected to maintain all the files, some fourteen, to accomplish all secretarial work for the Chief Surgeon and three medical officers and other personnel. A minimum of two additional are required to meet basic present needs.

*one receptionist and one
like steno extra requested.*

- I. General Administration of the Division.
 - A. Maintenance of special and general files.
 - B. Clerical, stenographical and receptionist duties.
 - C. General Discipline of personnel.
 - D. Division personnel duties. [REDACTED] ILLEGIB
 - 1. Personnel records and reports.
 - 2. Personnel actions, promotions, transfers, efficiency rating, etc.
 - 3. Interview, consideration of prospective division employees.
 - 4. Coordination with the Personnel Division in the creation, changing and job descriptions.
- II. Security.
 - A. Enforce and institute proper security measures for the Division.
 - B. Compliance with Agency Security Requirements.
 - 1. Maintenance of Staff duty roster.
 - 2. Maintenance and submission of Security Reports.
- III. Policy.
 - A. Study and creation of basic medical administrative policy, at C.I.A. Surgeon's direction.
 - B. Writing and effecting Agency "Instructions" and "Notices" of a nature pertaining to the medical field.
- IV. Organization.
 - A. Planning and effecting organizational change for management approval.
 - 1. Creation of new T/O.
 - 2. Altering or changing T/O.
 - B. Effecting change in internal organization and/or operation.
- V. Program planning and operation.
 - A. Health rooms - opening, closing, administration.
 - B. X-ray survey - planning and effecting.
 - C. Overseas - medical operation.
 - 1. Special.
 - 2. Planning and establishment of installations

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VI. Liaison.

- A. Agency Offices.
- B. Other pertinent government agencies.

VIII. Supply.

- A. Assist in the formulation and establishment of Agency medical supply policy.
- B. Establishment of procedure.
- C. Final authority and account of medical supplies as guided by policies of the C.I.A. Surgeon.

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Professional Staff (overt)

Professional responsibility:

I. The development and perfection of an Agency Preventive Medicine Program *.

II. Preventive Medicine Program.

A. Physical examinations:

1946-47	1091
1947-48	2049
1948-49	2628
1949-50	4042

1. Entry on duty.
2. Foreign service
3. Reassignment
4. Annual
5. Military
6. Follow-up
7. Following sickness and absenteeism.
8. Miscellaneous

B. Health Education and follow-up.

1. Professional lectures
2. Collaborate with Agency Safety Committee.
3. Program of case finding:
 - a. Communicable disease control
 - b. Mass x-ray survey.

C. Diagnosis and advisory service:

1. Professional evaluation of the employee's symptoms.
2. Medical guidance of the employee.
3. Referral
4. Appropriate interpretation of the employee's medical problem.
 - a. To the employee.
 - b. Supervisors.
 - c. Appropriate agency officers.

D. Emergency Medical care.

1. Illness and injury in line of duty or proximately caused by it:
 - a. Emergency on the spot treatment.
 - b. Decision of disposition and hospitalization.
 - c. Organization and operation for disaster.
 - d. Coordination with Agency General Counsel and with Employees Compensation Bureau on liability cases and claims.

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- e. Subsequent care of employees, as authorized by the Bureau of Employees Compensation.
- 2. Emergency care of employees suffering from non service connected illness or injury.
- 3. Special treatment of the individual at the request of his private physician, if it will enable the employee to remain on the job.
- 4. Establishment of Agency preventive health measures.

II. Military Medical Support.

Complete medical service, within ability of the Medical Division, for military personnel and dependants.

- A. Consultation, advisory and diagnostic service.
- B. Emergency and clinical treatment.
- C. "Out-Patient" service.

* Public Law 658
Public Law 110

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Professional Staff (Covert)

Active service and operation with OPC and OSO.

- I. Planning
- II. Advisory.
- III. Consultative.
- IV. Participation in programs.

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Nursing Branch

According to a ratio based on existing practices in industry and suggested by Committee to study the duties of Nurses of the Public Health Nursing section, American Public Health Assn, Public Health Nursing, July 1943, p. 394. Suggested by Public Health reports Vol 61, No. 46, pages 1641 - 1654 in a discussion of Public Law 658 "A Suggested plan for a Preventive Medical Program in a Federal Employees' Health Service". An adequate staff of nurses for this Agency in the domestic service would be a minimum of six - there are four

I. Supplement Agency Preventive Medicine Program.*

- A. Interviewing.
- B. Health Counseling.

1946-47	494
1947-48	441
1948-49	1,525
1949-50	1,224

- C. Health Instruction.
- D. Case Finding and follow up.

1948-49	153
1949-50	222

- E. Treatment of on the job illness.
- F. Collaboration, participation, planning, initiation, carrying out - health education and case finding.
- G. Under direction of the physician, research in:
 - 1. Program planning.
 - 2. Improvement of methods.
 - 3. Disease prevention.
 - 4. Reduction of absenteeism.
- H. Maintaining approved systems of records and reports.
- I. Compiling records and reports.
- J. Cooperating with physicians during examination or treatment.
- K. Appraisal and referral of cases to appropriate available resources.
- L. Liaison between:
 - 1. Employee and his physician.
 - 2. Agency Physician and appropriate personnel at various levels.
 - 3. Agency Physician, and personnel of community resources.

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M. Maintaining visiting nurse service program.

1. Health rooms.
2. Scheduled, daily visits to designated "Health rooms"
3. Operation of sub-dispensary.

II. Emergency Treatment:

- A. On the job illness or injury caused or proximately caused by it.
- B. Illness or injury other than in line of duty.

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<u>Agency Personnel</u>	<u>Other Organizations</u>
1946-47	1946-47 375
1947-48	1947-48 314
1948-49	1948-49 312
1949-50	1949-50 176

C. Physical examination. (Assist examining physician in the examination of all females.)

D. Processing and assisting Employees' Compensation Cases

1946-47	374
1947-48	539
1948-49	715
1949-50	367

* Public Law 658

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Supply Branch

Operation and administration of Agency Medical Supply.*

I. Administration:

- A. Maintenance of basic records.
- B. Operation of requisitioning procedure.
- C. Accountability and allied records.
- D. Coordination and liaison with Services.
- E. Inventory.
- F. Review of all Agency Medical requisitions, approval or disapproval.

II. Domestic Supply.

- A. Manufacture (Pharmacy)
- B. Replenishment and supply of domestic consumption.
 - 1. Health rooms.
 - 2. Requisition.
 - 3. Individual employees.
- C. Acquisition of supplies and equipment.
 - 1. Purchase:
 - a. Special, expedite orders, emergency orders.
 - b. Routine.
 - 2. Stock (Items of routine and regular requirement and consumption, levels maintained in warehouse.)

III. Foreign Supply:

- A. Preparation of special kits.
 - 1. For individual employees.
 - 2. For shipment.
- B. Filling requisitions.
- C. Procurement of special items.
- D. Expedite orders, rush shipments.

IV. Supply Operation.

- A. Maintenance of material and the study of statistics for the establishment of items to stock and proper levels.
- B. The study and the establishment of tables of basic allowances.

V. Operation of Pharmacy.

- A. Compounding.
- B. Filling prescriptions.
- C. Supplementary filling of kits and requisitions:
 - 1. Particular size or amount of item.
 - 2. Particular strength or form, as liquid or solid.
 - 3. Method of packaging.

VI. Storage

- A. Proper methods and conditions.
 - 1. Proper temperature.
 - 2. Effect of light and darkness.

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- VII. Pharmaceutical and Medical Supply Information.
- A. Collection and maintenance of literature and sources of information relating to Pharmaceutical products, manufacturers, price and availability.
 - B. The origin, formation, compilation and maintenance of a "Materia Medica".
 - 1. Information concerning foreign pharmaceuticals and drugs.
 - a. Commercial and product name.
 - b. Country.
 - c. Manufacturer.
 - d. Strength.
 - e. Information as to use, dosage.
 - f. Availability.
 - g. Cross indexed to similar U.S. product.
 - 2. Information concerning domestic pharmaceuticals and drugs.
 - a. All such details as are included under paragraph 1.
 - C. Basic library of Pharmaceutical publications, brochures, pamphlets and papers.
 - D. Preparation of papers and answers to technical inquiries.
 - E. Research projects.

* Administrative Instruction [REDACTED] 3 Jan. 1950.

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Technical Branch

I. Physio Therapy

A. Supervision - technical staff.

B. Therapeutical treatments.

1. Short Wave diathermy.

1948-49	873
1949-50	265

2. Ultra violet

1948-49	433
1949-50	118

3. Infra Red

1948-49	156
1949-50	107

4. Massage

1948-49	156
1949-50	107

(Due to a heavy and steady increase of work load, restriction of service to only the essential has resulted in a forced reduction of therapeutic service.)

C. Supplementing Physical examining process.

1. Eye testing and rating. (Ortho rater, Snellen test, Color tests)

1948-49	2,333
1949-50	4,133

2. Blood pressure and pulse.

1948-49	2,390
1949-50	4,131

3. Other examinations:

a. Chauffers examination.

b. Auditory examination.

c. Height and weight check.

D. Electrocardiographic examinations. (There has been an increase of several hundred per cent and there will be continued increase. An additional requirement of Physical Standards - personnel over 40 must be given an Electro-cardiographic examination.

E. Proposed Cardio vascular survey.

F. Proposed training of technicians for overseas assignments.

G. Assumption of the duties of the other technical sections as the occasion demands.

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II. X-ray

A. X-ray examination.

1948-49	2,650
1949-50	4,750

1. Routine chest.
2. Other studies.

B. Specialized X-ray examinations:

1. G.I. Series.
2. G.B. Series.
3. Barium enemas.
4. K.U.B.
5. Fluroscopy.

C. Operation of photographic Laboratory for quick developing and processing of X-ray exposures.

D. Supplementing X-ray analysis.

E. Maintenance of complete X-ray filing system.

F. Operation of X-ray survey (estimated 3000 individual exposures per year - in addition to all other work.)

III. Laboratory:

A. Familiarity with, and the operation of specialized laboratory equipment.

B. Technical skill and knowledge of techniques, tests, and chemistry.

C. Micro organism and parisite study.

D. Microscopic study.

E. Accomplishment of routine tests:

1. Urinalysis

1946-47	1,294
1947-48	2,661
1948-49	2,267
1949-50	3,205

(Additional specialized tests in this catagory:

1949-50	3,677)
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2. Serological:

1947-48	648
1948-49	1,287
1949-50	2,187

3. Specialized blood work frequently effected.

- a. Blood count - complete
- b. Red blood count.
- c. White blood count.
- d. Hemoglobin.
- e. Differential index.
- f. Sedimentation rate.

4. Blood chemistry.

- a. Non protein nitrogen

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- b. Creatinine.
- c. Blood cholesterol
- F. Specialized bacteriological and parasitological examinations and study.
- G. Study and the addition of special tests and examinations for the laboratory routine.
- H. Immunization - includes completion of shot schedules of personnel and their dependants.

1948-49

3,591

1949-50

6,972

(The above figures represent total No. of shots)

(An additional assistant is really required to adequately cope with the requirements. Absence of the technician means an almost complete shutdown of these services which are vital to the Division operation)

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Statistics and Requirements branch

Development and operation of:

I. Physical Requirements:

A. Civilian:

1. The collaboration with the Medical Officer for the establishment of Physical Requirements for the various Agency positions.
2. Analysis, study and investigation of completed Medical histories.
3. Correlates the individuals health and general well being to his job.
4. Examines the conformance of the individual to basic physical requirements before employment consideration.
5. Determines conformance of the individual to Physical requirements on date of entry on duty.
6. Determines conformance of certain individuals to basic and other requirements as to eligibility for foreign service.
7. The Medical interview of all personnel, of all grades, requiring medical processing.
 - a. Interrogation upon noted abnormalities and irregularities.
 - b. Notation to the examining physician as to suggested points of emphasis and special attention.
 - c. Notation of special tests to be performed.
 - d. Basic psychiatric evaluations.
 - e. Development of background from ~~from~~ family medical and physical history.
 - f. Added detail and consideration for employees with overseas assignment, or returning from such an assignment.

B. Military personnel and dependants:

1. Proper recordation and satisfaction of military requirements.
2. Processing:
 - a. Physical examination.
 - b. Treatment.
3. Liaison
 - a. With various military organizations
 - b. with various military Medical installations.
4. Appointments:
 - a. Specialist treatment.
 - b. Dental
 - c. Hospitalization.

II. Immunology:

- A. Study of the immunological requirements of the various world countries and ports of entry.
- B. Maintenance of basic up to the minute schedule of world wide requirements.

C. The development of Immunological requirements.

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D. Active processing of overseas personnel requirements

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- B. Interview of personnel and with their dependants for the purpose of correlating their immunization schedules with their peculiar physical state. A preliminary screening to avoid deleterious results as in the case of toxicity, allergy, etc.
- C. Preparation and authenticating immunization schedules.
 - 1. Determination of the types of shots required.
 - 2. Proper timing of shots:
 - a. In regard to effectiveness.
 - b. In regard to the employees own timetable.
 - 3. Scheduling employees and their dependants with overseas assignment.

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1949-50

III.

Epidemiology:

- A. Active and intensive research.
- B. Collection and collation of all available sources of information.
- C. Finger tip source of up to the minute information for the intelligence of inquiring individuals or offices.
- D. Maintenance of an epidemiological "War Map" pin pointing out breaks of pestilence, the type and extent.
- E. Establishment and maintenance of a library of information of epidemiological intelligence.
- F. Interview of personnel returning from foreign assignment for acquisition of first hand details of local conditions and observations on them.
- ~~2~~ B. Briefing both individuals and groups as to conditions in particular areas.
 - 1. What to guard against.
 - 2. proper precautionary methods.
 - 3. General recommendations as to safe mode of living.

IV. Processing of special individuals, covertly.

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